	Registration Dist. No.	D 44
No	St.,	Ward
ds. How long in U.S. if o	f foreign birth?yrs	_mosds.
If U. S. Veteran,	specify WAR	********
St., Ward.		
	If nonresident give city or town	
	ERTIFICATE OF DEATH	1
1. DATE OF DEATH	4	
	(Month) (Day)	193 (Year)
	(month)	(1001)
Nov 13	CERTIFY, That I attend	deceased from
I lest saw h L L alive on	6.2	
to have occurred on the date stete		
	H end releted causes of importance	
were es follows:	PN leamonia	Date of onset
grav	9 10 Mersiona a	Nov-3
aT.		1937
Other Contributory Causes of Impo	ortance:	
Chrmic !	muy cardete	, 7

Name of operation NV	n. n.	
/	1/	1. NX
Whet test confirmed diegnosis?	Total Transfer of the Control of the	
	uses (VIOLENCE) fill in elso the folio	
Accident, suicide, or homicide?	Date of injury	, 19
Where did injury occur?	(Sanifu situation	Carral Carra
Specify whether injury occurred in	(Specify city or town, county and INDUSTRY, in HOME, or in PUBLIC	PLACE.
Menner of injury		
Neture of Injury		
		ALD
· ·	rey related to occupation of deceased?	ZY_U
if so, specify	B	
(Signed)	white the	My D.
(Address)	iden alsting	-////

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1037	July 5,1927	Peritonitis	3 days ago	
DEC 3	11			
1 V. S.	18			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH		93-0
County Caroline		Registration Dist. No. 67
Village or CityLect Length of residence In city or town whera death	Decurred vr	No. St., Wal (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. If of foraign birth?yrsmosd
7 1	0062	
2. FULL NAME Cure Cat	ala Del	recell If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual piace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fi w	INGLE, MARRIED, WIDOWE R DAVORCED (write the wor	
I. If married, widowed, or divorced		22-17 . I HEREBY CERTIFY, That I attanded deceased fro
(or) WIFE of Caree	clean Leve	well 100, 2 1937, to 1000 16 1939
DATE OF BIRTH (month, day, and year)	0. 16 186	O Hast sawher aliva on Host 16 1937 death is sa
AGE Years Months	Oeys If LESS th	
77 7	2 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance
8. Trada, profession, or particular		Uate of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	beauce	Cerebral Hemeroliage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
work was dona, as SILK MILL, SAW MILL, BANK, etc.		
tina occupation (month and	11. Total tima (years) spant in this	
year)	occupation	Other Cantributary Causes of Importanca:
2. BIRTHPLACE (city or town)		7
(State or country)	gracia.	- Chrome // repocarletes
14. BIRTHPLACE (city or town)	doms)	
14. BIRTHPLACE (city or town)		Name of oparation Oete of
(Stata or country)	arxens	What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME OLISALELLE	asorga	23. If daeth wes due to external ceuses (VIOL ENCE) fill în also the following:
16. BIRTHPLACE (city or town)	0	Accident, suicide, or homicide? Oate of Injury
(State or country)	20 mily	Where did Injury occur? (Specify city or town, county and State)
T. INFORMANT GURE Galew	Catell	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	sellain,	7
Plece Allander	2 //21/20	3 7 Manner of Injury
D. UNOERTAKER D. Ditail	Jum	24. Wes disease or Injury in eny way related to occupation of decaased?
(Address)	0	If so, specify
EUE NOV. 18 10367 /m. A	1 a yours	(Signady) Suspens Tenge M.

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Example I	il	Example II	~
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PARTY OF THE P	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	183
County Coarsins	Registration Dist. No. 62
Village or City Oecelow	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the a hospital or institution, give its (VAIVIE) intead of street and oumber) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME VALUE Frence Colece	If U. S. Veteran, specify WAR
(a) Residence: No. Recelese	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Peer)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) WIFE of Currie Calell	
6. DATE OF BIRTH (month, dey, and yeer) Que. 3/10-1874	I lest saw h alive on, 19; deeth is seid
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted above, etm.
63 3 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
R Frade profession or perticular	Wellesterly Drowning: he Ed Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent last bits occupation (month end spent last bits occupation).	found in the river. To had been museing ton!
9. Industry or business in which work wes done, es SILK MILL,	days. There was no fant in I ad to ano
SAW MILL, BANK, etc.	Deceased rolen last seen was interior otal. It is
apont in this	unbough how to get into the water.
yeer) occupetion	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or fo@n)	fred & Chris
(State or country) Cleary Cases.	Total Consort
I 13. NAME I ellean to blee	
13. NAME Cleans to State 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diegnosis? Walter in Jungas there an au'opsy?
15. MAIDEN NAME Que Que Que 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide? Accident Dete of Injury
(Stete or country)	Where did Injury occur? Dawl financ (Specify city or town, county and State)
17. INFORMANT CLUSS levere to a leve	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION OR REMOVAL	in Jublic place in rusca
Place Seelse Queel Date 7018, 24 193	Menner of Injury
	Neture of Injury Numming accidental
19. UNDERTAKER Dugle leve	24. Wes disease or injury in any wey releted to occupe flon of deceesed?
(Address)	If so, specify
20. FILED Mr. 3, 1927 /m. DO Jenge	(Signed) A LLLLY C LELLY M. D

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1937	The state of the s	•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF	F DEATH				1 2
County	Caroline	,		Registration Di	ist. No. 62
		death occurred 6		No. death occurred in a hospital or institution, give its NAME in 2.7. ds. How long In U.S. if of foreign birth?	
2. FULL NA	ME C C	lasence	Deen	If U. S. Veteran, specify WAR	
(a) nesiden	00.110.	(Usual plage	of abode)	ff nonresident gi	ve city or town and State
	AL AND STATIST			MEDICAL CERTIFICATE	OF DEATH
Thole	4. COLOR OR RACE		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH Movember (Month)	/≠ , 193 7 (Day) (Year)
ia. If married, widow HUSBAND of (or) WiFE of	ed, or divorced	_ S. S)een	22 Mar 20 ,1939, to 12	
. DATE OF BIRTH	(month, day, and year)	ecember	17, 1873	I last saw h sim alive on 2 tovo 1	4, 1937; death is sa
7. AGE Yes	Months 3	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5:5. The PRINCIPAL CAUSE OF DEATH end related causes were as follows:	of Importance
8 Trade, profes	ssion, or particular work done, as SPINNER, BOOKKEEPER, etc	Miller		Engenomy 7 Pro	state Two
SAW MIL	business In which s done, as SILK MILL, .L, BANK, etc ed iest worked at	Flour 11. Total ti	me (yeers)	* pelves - 0	
this occu year) 2. BIRTHPLACE (cit	pation (month end 193	Z sper	nt in this Life	Other Contributory Causes of importance:	
(State or cour		yland 10	- /	Myorudetis.	2
14. BIRTHPLACE	(city or town)	aryland	County	Name of operation Removal There of Manager o	
15. MAIDEN NA	ME Caroli	Will Will	lip	23. If death was due to external causes (VIOLENCE) fill	
15. MAIDEN NA 16. BIRTHPLACE (State or		oline anyland	ounty	Accident, suicide, or homicide? Do	
17, INFORMANT (Address)	Mrs. Emmo Preston Many	land	R.F.D.	(Specify city or to Specify whether injury occurred in INDUSTRY, in HOM	own, county and State) IE, or in PUBLIC PLACE.
18. BURIAL, CREMAT		Dete 10	r. 18,1937	Menner of injury	
19. UNDERTAKER (Address)	A. f. Fra	wptom	- Son	24. Wes disease or injury in eny way related to occupat	ion of deceesed? NO
20. FILED. 20.	18.1937.61	hab 13.	Hornson Registrar.	(Signed) Danson O. 1- (Address) Danson	land

-WRITE

N. B.-

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Chronic interstitial nephritis 6 1901	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
10000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10 |

PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAN	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County Carrier G.	Registration Dist. No.
Village or City Luptiell	NoSt.,Ward
Length of residence in city or town where death occurred 30 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Louiss W. Hor	urnes
(a) Residence: Np. Hembleville me	d St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED write the w	
A profess	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	22. I REREBY CERTIFY. Jhat I attended deceased from
(or) WIFE of Ha 17 augustyely work	Well 8 137 to WW / 1982
6. DATE OF BIRTH (month, day, and year) 30, 1859	I last saw han alive on 4. 19. 7. 193. 7; death is said
7. AGE Years Months Days If LESS	
78 / 7 l day,	
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. S. Industry or business in which	Mysey Peltin
work was done, as SILK MILL.	
O ID. Date deceased last worked at 11, Total time (years)	ne
this occupation (month and 1926 spent in this occupation)	
12. BIRTHPLACE (city or town) Loury lown	Dther Contributor, Causes of importance:
(State or country)	
13. NAME Chas Willy	- Myseus alles
13. NAME LOS MILLS 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Acelysay y Luns	23. If death was due to external causes (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
∑ (State or country)	Where did Injury occur?
17. INFORMANT CHASE TODA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) May Du Tuli Mu	L
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Sudlerswelle Manate Mot. 10 ,1	93.7 Nature of injury
19. UNDERTAKER N. B. Nawlugs	24. Was disease or injury in any way related to occupation of deceased?
(Address) Science to MA	If so, specify
20. FILED 11/8/37, 19 alsometh	(Signed) The State of the M. M.
Regist	
If more blanks are needed, address State Re	gistrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 8	July 5,1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.—WRITE PLAMLY, WITH TION is very important. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Caroline]	Registration Dist. No. 4
Village or City Great (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boly Autom	If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERT1FY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	last saw h alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end this propagation (month end spent in this second in	Jackborn Oate of onset
10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
0	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME May Alacko 50 (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Walter XV Hulton had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Piatrice (amelinge hor 8, 1937	Manner of injury
19. UNOERTAKER tenling finder (Falker)	24. Was disease or injury in thy way related to occupation of deceased?
20. FILEO Mor 9, 1937 L. Mais Prises	(Signed) lead & Street M. O. (Address) free street Med M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1937			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AD. Every item of inforstate Exact statement of OCCUPAplnods PHYSICIANS UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING of certificate. AGE should be be See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLA

V. S. No. 1

1. PLACE OF DEATH	Registration Diet No. 65
Village or City Deuton Med	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. It of foreign birth?yrsmosds
2. FULL NAME Suface haylore	If U. S. Veteran, specify WAR
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH No. 193 37 (Month) (Day) (Year)
5a. It marriad, widowad, or divorcad	THE CONTRACT OF THE CONTRACT O
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 15-1937	i last saw h aliva on
7. AGE Yaars Months Days It LESS than	to hava occurrad on the date statad abova, at
Stellborn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
7 Trada protession or particular	ware as tollows: (Remature) Date of onest
kind ot work dona, as SPINNER, SAWYER, BDDKKEEPER, atc	
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Date daceasad last worked at this occupation (month and spent in this	
yaar) occupation	Dthar Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Deutone	Dingi Community Causes of Importance.
(State or country) D. MW	
13. NAME Orville Laytre	
13. NAME Orville Laylore 14. BIRTHPLACE (city or town) Dulore	Name of oparation Data of
4 14. BIRTHPLACE (city or town) (Stata or country)	
15. MAIDEN NAME Dorthus Lacuse Cohen	What test confirmed diagnosis? Was there an au'opsy? Was there are au'opsy?
E Dies (O.)	23. It death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Meen Cenne Col	Accident, suicide, or homicide?
(Stata or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Crolle tay love (Addrass) West,	Spacity whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Mannar of injury
Die Pat	- Nature of Injury
19. UNDERTAKER Ornelle boy love 19.00 (Addrass)	24. Was disaasa or injury in any way related to occupation of deceased?
Muliass)	If so, spacity
20. FILED Mr. 14, 19 /m. Do Jeonge	(Signad) MUROY O LEOLGE M. I
Registrar.	(Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis R R	3 days ago
		DEC	7
Other contributory causes of importance:		Other contributory causes of importance	/
Gallstones	May 1,1923	Gastroenteritis 1937	1 year

UNFADING INK-THIS IS A PERMANENT REC ARGIN RESERVED FOR BINDING WITH

B.—WRITE PLAN

CTATE	OF	MARYLAND-	-CERTIFIC	ATE	OF	DEATL
JIAIL		MANILAND	CLIVIII			DLAII

1	1. PLACE OF DEATH			(b)
1	County Caroline			Registration Dist. No. 64
	Village or City Near F	ederalsbu	rg	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of rasidence in city or town who	ara daath occurred3	6 yrs 3 mo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Helen	Smith "er	edith	If U. S. Veteran, specify WAR
	(a) Residence: No. Federa	lsburg, M		D . St., Ward.
400		(Usual place	-	If nonresident give city or town and State
-	PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH
3.	Female White	OR DIVORCE	RIED, WIDOWED, D (write tha word) 1 ed	21. DATE OF DEATH November 17 (Month) (Day) (Year)
5a	a. If married, widowad, or divorced HUSBAND of (or) WiFE of C. Nor	man "fered	ith	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937, 1937
6.	. DATE OF BIRTH (month, day, and year)	August 2,	1901	i last saw h. R. 71. alive on / Nov /), 19.3.7; death is said
	. AGE Yaars Months	Oays	If LESS than	to have occurred on the date stated above, at m.
1	36 3	15	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	9. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc	20 1029 spai	ima (years) nt In this Life upation Life	
13		line Co.	A	Other Contributory Causes of Importance:
02	(State or country)	Smith	u.	- Hypulkyrorden 13.
HER		roline Co		
FAT	(State or country)	TOTIME OF	rd.	What tast confirmed diagnosis was a was abore an autops Des
HER	15. MAIDEN NAME Yary I	da Dukes		23. If death was due to external causes (VIOLENCE) fill In also the following:
MOTHER	16. BIRTHPLACE (city or town) Car (State or country)	oline Co.		Accidant, suicide, or homicide? Oate of injury, 19 Whara did injury occur?
13	7. INFORMANT C. Norman (Address) Federalsb	Meredith	R.F.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
11	8. BURIAL, CREMATION, OR REMOVAL Place Faderalshure	Nov	.20 ,19 37	Manner of injury
19	9. UNDERTAKER J. J. Fra (Address) Federalsh	mptom & S urg, Vd.	lan	24. Was disease or injury In any way related to occupation of decaasad?
2	0, FILEO No.11, 18", 1937	5,5.Fm	am stom	(Signed) July M. Gradesse M. (Address) Lederal Mills M

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HIPERI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING H UNFADING INK-THIS IS A PERMANENT supplied. AGE should be stated EXACTLY in terms, so that it may be properly classified.	
VED THIS	certificate.
RITE PLANKY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS USE OF DEATH in plain terms, so that it may be properly classified. Exact statement	N is very important. See instructions on back of certificate.

1. PLACE OF DEATH	93-0	
County Caroline	Registration Dist. No. 6 7	
	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAME Staller Sipple (a) Residence: No. (Usual place of abode)		•••••
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 29" (Day)	, 193 // (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husey a Rol	22. OCT ICH 1935 to How . 7 9	daceased from
6. DATE OF BIRTH (month, day, and year) Ofer. 16 4 1855	Hast saw her alive on 200 29 1937	
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at	Deta of enset
8. Trade, profession, or particular kind of work done, as SPINNER, at Course SAWYER, BOOKKEEPER, etc.	A	1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chroma // upocordetri	all
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of importance:	1621
	1stif Restlinasion	1725
13. NAME Occurrence 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation	
	What tast confirmed diagnosis? Was there en a	
16. BIRTHPLACE (city or town) (Stete or country) 2	23. If death wes due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	, 19
(Addrass)	Specify whether many occurred in mousta, in nome, or in Public PL	nue,
18. BURIAL, CREMATION, OR REMOVAL Place Dec 1 11, 193	Manner of injury	
19. UNDERTAKER J. Z. Zecorr (Address)	24. Was disease or injury In any way related to occupetion of deceased?	w
20. FILED Nov. 30, 1937 Mrs. DO Lerrye	(Signad) f. Massel George	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis DEC 6 1937	3 days ago
5.		021525242 57 47	
Other contributory causes of importance:		Other contributory causes of importance:	1111
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		660	
County Caralin		Registration Dist. No. 4/	
Langth of residence in city or town where the control of the contr		No. St., death occurred in a horpital or institution, give its NAME instead of street and numbe ds. How long in U.S. If of foralgn blirth? yrs. mos.	1)
(a) Residence: No.	(Usual place of Abode)	St., Ward. If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (9 19 193 (193)	Yaar)
DATE OF BIRTH (month, day, and year) AGE Years Missender Missender Months	Feb. 11" 1867	22. I HEREBY CERTIFY. That I attended decease 1937, to MIN 1937; deat to have occurred on the date stated above, at 44 m.m.	9.8.
88. 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	ol onse
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total time (yaars) spant in this occupation	Fobular Theumonia 1	6
BIRTHPLACE (city or town) (State or county) 13. NAME 14. BIRTHPLACE (city or town)	loug	Nama of operation Suddle Date of	et II
(Stata or country)	gloved	Whet test confirmed diegnosis? Cacalla Was there an europs	nu
16. BIRTHPLACE (city or town) (State or country) INFORMANTALIA	eyland Se Parter	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?	9.37.
(Address) B. BURIAL, CREMATION, DR REMOVAL PIGE TILLUS V T. S.	Day 2/ 19.3.	Manner of Injury . Desidental falls Nature of Injury	
O. UNDERTAKER Tinger (Addiess)	Dellaw	24. Was disease or injury in any way releted to occupation of deceased?)
0. FILED / Or 20, 10 37 S.	Man Figure Registrar.	(Address) recease tris louties	· ol

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 11776

STATE OF MARTEAND	CLIMITICATE OF DEATH
1. PLACE OF DEATH	//-a
County Canaleus	Registration Dist. No. 6/
Village or City Loverus bero	NoSt War
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	s4_ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Chruntha. Dab	If U. S. Veteran, specify WAR
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DEATH
June W. Marrid	(Month) (Day) (Yar)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of James. Jahm	22 I HEREBY CERTIFY. That I attended deceased from 1937 to 1937
6. DATE OF BIRTH (month, day, and year)	I last saw h W alive on 20 137 : death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
81 41 (1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Jobalas menusua
work was done, as SILK MILL, SAW MILL, BANK, etc	
- this occapion (month and 2) should in this 1 all	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	00.44
(State or country)	Influenza.
13. NAME Sac. Markay, 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sylvina Sash	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
E (State or country) Juny loones	Where did injury occur?
17 INFORMANT & assus Jafrida.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Perens bus ma.	
18. BURIAL, CRÉMATION, OR REMOVAL	Manner of injury
Place Trues to Ma Date Nov 24 , 1937	Nature of injury
19. UNDERTAKER N. B. Caculings.	24. Was disease or injury in the way related to occupation of deceased?
(Address) Sucustas Ma.	If so, specify
20. FILED OT 24 1037 L. Mas Lenin	(signer) that of I I treenfor M.
Registrar	(Address) Grane Down The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ARGIN RESERVED FOR BINDING UNFADING INK-THIS

PHYSICIANS should state AD. Every item of infor-

A PERMANENT RE stated EXACTLY. properly classified.

IS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PL

B

OCCUPA-

of

Exact statement

certificate.

See instructions on back of

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Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEC 6 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	ICIAN
_		

V. S. No. 1

1. PLACE OF DEATH County Village or City Villa
Village or City
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME (a) Residence: No. Residence:
2. FULL NAME (a) Residence: No. Lear allowers of abode) PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE OR DIVORCED Cyrise the word) Sa. If marriad, widowed, or divorced HUSBAND-or (yr), hife of
(a) Residence: No. Tear alburg Mode) St., Ward. (I nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Gript the word) 5a. If marriad, widowed, or divorced HUSBAND or (or). MIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS ingl I devy, Sh. hrs. or fin. 1 devy, Sh. hrs. or fin. 8. Trade, profession, or particular kind of word, drong a SPINNER, SAW MILL, BANK, sick MILL,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Corric the word OR DIVORCED Corric the word OF DIVORCED CORRICT OF DEATH 22. LEREBY CERTIFY. That I attanded decease OF DIVORCED CORRICT OF DIRTH (month, day, and year) 1 Lest saw h
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White Or Divorced Huseshard or (or). Miles of Huseshard or (or). Miles of Warrish of Order of Huseshard or (or). Miles of Warrish or Months Days II LESS than I dey, for his. Or fine. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW Mill., BANK, etc. 10 Date decased last worked at this occupation (month end years) spant in this occupation (month end years) 10 Date decased last worked at this occupation (month end years) Shart Place (city or town) Cistate or country) Was there an autopsy What tast confirmed diagnosis? Was there an autopsy What tast confirmed diagnosis? Was there an autopsy What tast confirmed diagnosis? Was there an autopsy
3. SEX 4. COLOR OR RACE While
The procession of particular kind of work dona, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassed last worked at this occupation (month end yaar) 12. BIRTHPLACE (city of town) (State or country) OR DIVORCED (crite the word) (Month) (Day) 12. LEREBY CERTIFY, That I attanded decease to her alive on. 11. Lest saw h
5a. If marriad, widowed, or divorced HUSBAND-of (or) HIFE of (or) HIFE
7. AGE Yaars Months Days If LESS then I dey. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month end yaar) 12. BIRTHPLACE (city or town) Acqualshing Carabina (State or country) 13. NAME 14. BIRTHPLACE (city or town) Dete of (State or country) Neme of operation. What tast confirmed diagnosis? Was thare an autopsy
7. AGE Yaars Months Days If LESS then I dey, hirs. or min. 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last workad at this occupation (month end yaar) 12. BIRTHPLACE (city or town) Causes of Importance: 14. BIRTHPLACE (city or town) Control of Causes of Importance: Neme of operation What tast confirmed diagnosis? Was thare an autopsy What tast confirmed diagnosis? Was thare an autopsy
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8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last workad at this occupation (month end yaar) 12. BIRTHPLACE (city or town)
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yaar) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town)
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12. BIRTHPLACE (city or town) Actuals burg W Other Contributory Causes of Importance: 13. NAME
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Neme of operation What tast confirmed diagnosis? Was there an autopsy
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 14. BIRTHPLACE (city or town) (Stata or country) Neme of operation What tast confirmed diagnosis? Was there an autopsy
What tast confirmed diagnosis? Was there an autopsy
What tast confirmed diagnosis? Was there an autopsy
what tast commined diagnosis: was thate an accopsy
15. MAIDEN NAME 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
Accident, suicide, or homicide?
where did injury occur? (Specify city or lown, county and State)
17. INFORMANT Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Scher Farm, Date Nov. 264, 1937 Nature of injury
Near Jean alstring hid.
19. UNDERTAKER 5.5. Fram Stom 1 2011 24. Was disease or injury in any way related to occupation of dacassad? Was disease or injury in any way related to occupation of dacassad? Was disease or injury in any way related to occupation of dacassad? Was disease or injury in any way related to occupation of dacassad?
Signed W. K. Kradla
20. FILEDI YOU 26, 192/ S. S. Framp lom

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis DEC 3 1991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

f infor-MARGIN RESERVED FOR BINDING

RD. Every item of	YSICIANS should	statement of OC	
IS A PERMANENT RE	stated EXACTLY. PH	properly classified. Exact	back of certificate.
B.—WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCO	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1778
1. PLACE OF DEATH	82-2	
County Coraline	Registration Dist. No. 64	
Village or City Smithville	NoSt.,	Ward
/\/L	death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foraign birth?yrsmos	
2. FULL NAME Joseph H. Spince		
(a) Residence: No. Smithvell My, (Usual place of abode)	St., Ward. If nonresideot give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The second of the second	3 / (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of and Salnee	22. I HEREBY CERTIFY, Thet I attended daca 7 10 1937 to 10 (8	ased from
6. DATE OF BIRTH (month, day, and year) Tebruary 27 1856	7. 1. 5- 37	eth is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.	
8/8/16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	
Trada profession or particular	Reservat Hauntyse m	1te of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last workad at this occupation (month and		
D. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	/	
12. BIRTHPLACE (city or town) Smithvelle, Mg (State or country)	Dthar Coutributory Causes of importanca:	
13. NAME tomas terry force 14. BIRTHPLACE city or town) Maryland. (Stata or country)	Name of operation Dete of What test confirmed diagnosis? Was there are autop	nev?
15. MAIDEN NAME Martha augusta breakt	23. if death was due to external causes (VIOLENCE) filt in etso tha following:	
15. MAIDEN NAME Martha Augusta bright 16. BIRTHPLACE (city or town) Accelerate (State or country)	Accident, suicide, or homicide? Date of injury Whara did Injury occur?	, 19
17. INFORMANT Lacy M. spince	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Addrass) 17 Double and Blundden Pa 18. BURIAL, CREMATION, DR REMOVAL	Manage of Inlury	
Place Concord Car Data Nov 18, 1937	Mannar of injury Nature of Injury	*********
19. UNDERTAKER le U adams (Addrass) Federalsbury mad	24. Was disaasa or Injury in any way ralated to occupation of deceased?	
20. FILED / 25. 17. 1937 5. 5. Frametom, Registrar.	(Signad) Jail Mills (Address) Duriton Mid	M. D.
Registrar.	" (nouress)	

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		c
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE O	•	OF MAR'	YLAND-	CERT	IFICAT	E OF DE	ATH	11779
	Caroline	sburg		No.	49	Registration	on Dist. No	64 St. Ward
	dence in city or town where	death occurred 2	yrs. 2 mos	f death occurre	ed in a hospital or How long in U.	institution, give its NA S. If of foreign birth?	ME instead of stre	et and number)
2. FULL NA	ME <u>Lel</u> ce: No. Federa		Md.		If U. S. Vete	eran, specify WAR_	ent give city or to	wn and State
PERSON	AL AND STATIST	ICAL PARTI	CULARS		MEDICA	L CERTIFICA	TE OF DEA	TH
3. SEX Female	4. color or race White	s. single, mari or divorces Mary	RIED, WIDOWED, (write the word) ied	21. DAT	E OF DEAT	November	22 (Dey)	, 193.7 (Yeer)
5e. If merried, widow HUSBANO of (or) WIFE of		as E. To	wnsend	22.	IHERE	BY CERTI	FY, That I at	tended deceased from
6. DATE OF BIRTH (month, day, end yeer) rs Months	July 12,	1900 If LESS than			n Nov	2:50 p.	
_ Nede profes	37 4	10	1 dey,hrs. ormin.	The PRING were as for	CIPAL CAUSE OF ollows:	DEATH and releted c	euses of Important	Oate of onset
9. Industry or work was SAW MIL	ssion, or particuler vork done, es SPINNER, BDDKKEEPER, etc business In which s done, as SILK MILW F L, BANK, etc pation (month)	11. Total ti	g Projec	La	rcens	so of	Orre	g 6/1/3;
year) 12. BIRTHPLACE (cit (State or cour	ty or town) Susse		pation3	Other Con	atributery Causes of	f Importance:	en-	aloui,
13. NAME	James T.	Brown			0	. 1	_	10/22/3
14. BIRTHPLACE (State or	(,	rchester Md.	Co.	Neme of o	peration	opsy fr	en arg	ite of file 7
15. MAIDEN NA	ME Dolly	M. Murph	V			iel causes (VIOL ENCE	7	
15. MAIDEN NAI 16. BIRTHPLACE (State or	(city or town) Do	rchester Md.		Accident,		le?	Dete of Injury_	, 19
17. INFDRMANT (Address)	Thomas E			Specify wi	hether injury occur	(Specify city red in INDUSTRY, in	or town, county a	and State) LIC PLACE,
18. BURIAL, CREMAT	on REMOVAL	oete Nov	.24 ,19.37	Manner of Neture of	Injuryinjury_			***************************************
19. UNOERTAKER(Address)	J. J. Fr Federals	amptom & burg, Ma	Son ryland	If so, spec	clfy	eny way related to oc	cupetion of deceas	sed?////
20. FILED MOD.	23", 1937 5	.J. Fra	motom Registrar.	- (Sign	(Address)	elesula	n yeur	, M. d.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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A STREET V.	- VC		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

titem of infor-	S should state	t of OCCUPA.	
NT RECOKD. Every	LY. PHYSICIAN	d. Exact statement	**
S IS A PERMANE	stated EXACT	properly classified	certificate.
ADING INK-THIS	ed. AGE should be	s, so that it may be	ructions on back of
BWRITE PLANTLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
L BWRITE PL.	mation shoule	CAUSE OF 1	TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH	780
1. PLACE OF DEATH	7	
County Conseque	Registration Dist. No. 62	
Village or City Declare (If	No. St., death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
	ds. How long In U.S. if of foreign birth?yrsmos.	
(a) Residence: No. (Usual place of abode)	St., Ward. If u. S. Veteran, specify WAR. If nonresident give city or town and St	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /// 2 24 (Month) (Day)	193
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended da	icaasad from
6. DATE OF BIRTH (month, day, and year) Gray, 9th 1937	lest saw h_d2_ alive on	death is said
7. AGE Years Months Pays If LESS than 1 day,hrs.	to have occurred on the data stated above, at the m. The PRINCIPAL CAUSE OF DEATH end related causes of importence	
ormin.	ware as follows:	Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		QT 16-193
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lobar Buemmia	eaz4.193
10. Data deceesed last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Seulaw (State or country)	Other Coutributory Causes of Importence:	
- Constant	Trematurity	
13. NAME Howard Lastin 14. BIRTHPLACE (city or town) Ox good		
14. BIRTHPLACE (city or town)	Neme of operation Dete of	
(State or country)	What test confirmed diagnosis? Was there an au	opsy?
15. MAIDEN NAME Sacale Might 16. BIRTHPLACE (city or town) 16. State or country (State or country)	23. If death wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?	
17. INFORMANT South Turfine (Suite	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	DE.
18. BURIAL, CREMATION, OR REMODAL Place Selles Cleaped Determined 1997	Manner of Injury	
19. UNDERTAKER Disgle Month	24. Was disease or injury in entracy related to occupation of deceased?	
20. FILED // - 3 , 1937 /m NO George Registrat.	(Signed) Australia Markon (Address) Australia Markon Marko	M. D.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC S.	July 5,1927	Peritonitis	3 days ago
SHUPE ALL VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 11781 OCCUPA 1. PLACE OF DEATH pluods County of PHYSICIANS Langth of rasidence in pity or town statement (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) FOR BINDING classified. 5a. If married, widowed, or disprced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than I dayhrs. or____min. 8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION ARGIN RESERVED Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnous back 11. Total tima (years) this occupation (month and so that occupation 12. BIRTHPLACE (city or town) (Stata or country CAUSE OF DEATH in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town). (Stata or country) mation should be carefully MOTHER 15. MAIDEN NAME important. 16. BIRTHPLACE (city or town) (Stata or country) TION is very (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE 19. UNDERTAKER (Address) B

Registration (Dist. No. Lo H	
ath occurred in a hospital or institution, give its NAME	St.,	Ward
ds. How long In U.S. if of foreign birth?	yrsmo	
	2-	3
If U. S. Veteran, specify WAR	140 -	••••••
St., Ward.		
	give city or town and	State
MEDICAL CERTIFICATE	OF DEATH	
1. DATE OF DEATH	1	-
(Month)	(Day)	193
(wouth)	(Uay)	Atent)
2. ALEREBY CERTIFY	Y That I attended d	lacassad from
Oes 7 1, 19 37, to	1100 2	19.3.
I lest saw h / M elive on / Mov	24 193/	; death is said
to have occurred on the date stated above, et	AM.	
The PRINCIPAL CAUSE OF DEATH and related cause	es of Importance	
were es follows:	-	Oate of onset
A HOLL	- P	
Caregran / Mis	shows.	11/14/11
Calules / Mel	Wes	19201
Other Cantributary Causes of Importance:		
Other Carrier of Master Co.		
Valuteo and	2 /	20/23 19
CHamphelle (1	K.)	1
		121-1-7/1
Name of operation	2/ Date of	-4
What test confirmed diagnosis? Luy Head	Was there an a	utopsy2200
23. If death was due to external causes (VIOLENCE) fil	l in also the following:	
Accident, suicide, or homicide?	Dete of Injury	, 19
Where did Injury occur?		
	town, county and State	
Spacify whether injury occurred in 140051K1, in 110	ME, OF IN PUBLIC PLA	ICE.
Manner of injury		
Nature of Injury		
24. Was diseasa or injury in any way related to occupa	ation of deceased?	no
If so, specify	21	
(Signed) Trenh M.C	Mages,	M N
(Address) Ledes	Valeres!	1111
(noutess)	we would be seen by	W-W-13

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1,1923	Other contributory causes of importance:	Lugar		
M ay 1,1923	Gastroenterius	1 year		
	1915	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN